



CITY OF NEWTON, MASSACHUSETTS

DEPARTMENT OF HUMAN RESOURCES

COVID-19 Leave Policy

Original Policy effective April 1, 2020

Extension Effective January 1, 2021 through March 31, 2021

I. PURPOSE AND SCOPE

The goal of the City of Newton is to encourage the health and wellness of City employees during this unprecedented time.

On April 1, 2020, the City of Newton provided the minimum benefits mandated by the *Families First Coronavirus Response Act* (FFCRA), plus extended additional, more generous COVID-19 sick leave benefits to eligible municipal employees.

The FFCRA mandate expired on December 31, 2020. However, on December 22, 2020, congress passed the *Consolidated Appropriations Act, 2021* (H.R. 133) which was signed into law on December 27, 2020 and grants employers the option to voluntarily extend FFCRA benefits, to employees, through March 31, 2021.

The City has decided to voluntarily extend these benefits to employees, as outlined below, in accordance with this Act.

This Policy extends the City's April 1, 2020 *COVID-19 Leave Policy* from its original expiration date of December 31, 2020 to a newly adopted expiration date of March 31, 2021. All benefits outlined in this Policy will expire on March 31, 2021. Importantly, this Policy does not "reset" available paid leave time granted under the City's April 1, 2020 *COVID-19 Leave Policy*, rather it simply extends the time period during which employees may elect to use the types of leave outlined within the Policy until March 31, 2021.

II. APPLICABILITY

- a. The benefits outlined in Sections III(a)-(b), below, apply to all municipal employees.
- b. The benefits outlined in Section III(c), below, apply to all municipal employees, except:
 - i. Sworn members of the Newton Police Department;
 - ii. Emergency Telecommunications Dispatchers; and
 - iii. All personnel of the Newton Fire Department (with the exception of administrative support personnel).

Pursuant to Division C, Section 3105 of the Families First Coronavirus Response Act (FFCRA), the City may elect to exclude emergency responders and/or health care providers from the family leave benefits provided by the Emergency Family and Medical Leave Expansion Act. See Families First Coronavirus Response Act (FFCRA), Pub.L. 116-127, Div. C, § 3105, Mar. 18, 2020, 134 Stat. 192. The City so elects to exclude the three categories of employees listed in Section II(b), above, from the benefits provided by the FFCRA's Emergency Family and Medical Leave Expansion Act. Id.

III. POLICY

a. COVID-19 Quarantine Sick Leave

i. ELIGIBILITY

1. All municipal employees are entitled to COVID-19 Quarantine Sick Leave, regardless of when hired, between April 1, 2020 and March 31, 2021.
2. Both full-time and part-time employees will be compensated at their regular rate of pay during an approved absence for the reasons set forth in this Section.

ii. REASONS FOR LEAVE.

Employees are entitled to take COVID-19 Quarantine Sick Leave under this Section when the City has work for the employee, but the employee is unable to work because the employee is isolating or self-quarantining because the employee has a documented personal diagnosis of COVID-19.

iii. PAY RATE OF BENEFIT AND DURATION OF LEAVE.

COVID-19 Quarantine Leave under this Section shall be paid at the employee's regular rate of pay for the period for which the employee is directed to be in quarantine or isolation under this Section.

iv. DOCUMENTATION OF LEAVE.

1. Employee: Appropriate documentation is required to request and substantiate the duration of the absence under this Section. Employees requesting leave under this Section will be required to fill out the appropriate leave form attached to this Policy and submit all paperwork required therein using the absence reporting methods established within their respective departments. Employees are encouraged, for safety reasons, to submit leave requests electronically.
2. Management: All leave request forms and applicable materials must be submitted electronically to the Human Resources Department at HR@newtonma.gov within three days of receiving the request.

v. EMPLOYEE ELECTION.

An employee in need of leave for the reasons specified in Section III(a)(ii) may elect:

1. To have the employee's existing position reviewed for a possible remote work arrangement. If such an arrangement can be made and is suitable for the position and employee, the employee may elect to work remotely in lieu of taking paid leave time.
2. To use the paid leave as described in this section.
3. To use the employee's own otherwise available paid leave time for these purposes.

vi. PROHIBITED ACTS. Employers are prohibited from:

1. Requiring employees to find replacements to cover their hours during time off;
2. Discharging or discriminating against employees for requesting COVID-19 Quarantine Sick Leave or filing a complaint against the employer related to such.

b. COVID-19 Caregiver/Illness Leave

i. ELIGIBILITY.

1. All municipal employees are entitled to two weeks of COVID-19 Caregiver/Illness Leave under this Section on a one-time basis between April 1, 2020 and March 31, 2021.
2. Intermittent use of time under this Section will be allowed so long as the total leave taken under this Section does not exceed a total of two weeks of leave.
3. For an employee working fewer than forty (40) hours per workweek whose schedule varies week to week to such an extent that the employer cannot determine how many hours that employee would have worked if not taking leave, the employer shall calculate the number of hours the employee would otherwise normally be scheduled to work by either of these methods:
 - a. By looking at the average number of hours that the employee was scheduled per day over the six-month period ending on the date on which the employee takes such leave, including hours the employee took leave of any type;
 - b. If the employee did not work over that period, the reasonable expectation of the employee at the time of hiring of the average number of hours per day that the employee would normally be scheduled to work.

ii. REASONS FOR LEAVE.

Employees are entitled to take COVID-19 Caregiver/Illness Leave under this Section when the City has work for the employee, but the employee is unable to work for the following reasons:

1. The Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. The Employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. Any COVID-19 Caregiver/Illness Leave taken for this reason is limited to time the employee is unable to work because the employee is taking affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment for a test for COVID-19.
4. The employee is caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
5. The employee is caring for an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
6. The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child-care provider of such son or daughter is unavailable, due to COVID-19 precautions.
7. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

iii. PAY RATE OF BENEFIT.

COVID-19 Caregiver/Illness Leave under this Section shall be paid at the employee's regular rate of pay.

iv. DOCUMENTATION OF LEAVE.

1. Employee: Appropriate documentation is required to request and substantiate the duration of the absence under this Section. Employees requesting leave under this Section will be required to fill out the appropriate leave form attached to this Policy and submit all paperwork required therein using the absence reporting methods established within their respective departments. Employees are encouraged, for safety reasons, to submit leave requests electronically.
2. Management: All leave request forms and applicable materials must be submitted electronically to the Human Resources Department at HR@newtonma.gov within three days of receiving the request.

v. EMPLOYEE ELECTION.

An employee in need of leave for the reasons specified in Section III(b)(iii) may elect:

1. To have the employee's existing position reviewed for a possible remote work arrangement. If such an arrangement can be made and is suitable for the position and employee, the employee may elect to work remotely in lieu of taking paid leave time.
2. To use the paid leave as described above in this Section.
3. To use the employee's own otherwise available paid leave time for these purposes.

vi. PROHIBITED ACTS.

Employers are prohibited from:

1. Requiring employees to find replacements to cover their hours during time off;
2. Discharging or discriminating against employees for requesting COVID-19 Caregiver/Illness Leave or filing a complaint against the employer related to such.

c. COVID-19 Family Leave

i. ELIGIBILITY.

All municipal employees who have been working for the City for at least thirty (30) days are entitled to the benefit outlined in this Section, with the exception of the following employees:

1. Sworn members of the Newton Police Department;
2. Emergency Telecommunications Dispatchers;
3. All personnel of the Newton Fire Department (with the exception of administrative support personnel)

These three categories of employees are excluded from the benefit provided in this Section pursuant to Division C, § 3105 of the Families First Coronavirus Response Act (FFCRA). See Families First Coronavirus Response Act (FFCRA), Pub.L. 116-127, Div. C, § 3105, Mar. 18, 2020, 134 Stat. 192.

ii. REASONS FOR LEAVE.

Employees are entitled to up to twelve (12) workweeks of job-protected leave under this Section when the City has work for the employee, but the employee is unable to work or telework due to a need for leave to care for the employee's son or daughter if that son or daughter's school has been closed or childcare program has become unavailable due to the COVID-19 public health emergency.

iii. AMOUNT OF LEAVE.

1. Employees are entitled to take up to twelve (12) workweeks of COVID-19 Family Leave under this Section between April 1, 2020 and March 31, 2021.
2. If an employee is eligible for benefits under the Family and Medical Leave Act (FMLA), any COVID-19 Family Leave taken under this Section counts towards the twelve (12) total workweeks of FMLA leave for any qualifying reason (or twenty-six (26) total workweeks of FMLA military caregiver leave) to which that employee is entitled in a twelve-month period under the FMLA.

iv. PAY RATE OF BENEFIT.

1. Employees are entitled to up to twelve (12) workweeks of COVID-19 Family Leave under this Section.
 - a. The first ten (10) days of this COVID-19 Family Leave will be unpaid, but employees may elect to use other applicable paid leave, including their individual available paid leave or leave as outlined in Section III(b) of this Policy, to cover this period.
 - b. All subsequent weeks of COVID-19 Family Leave will be paid at a rate of 2/3 of an employee's regular rate of pay, for the number of hours the employee would otherwise normally be scheduled to work.
2. For an employee whose schedule varies week to week to such an extent that the employer cannot determine how many hours that employee would have worked if not taking leave, the employer shall calculate the number of hours the employee would otherwise normally be scheduled to work by either of these methods:
 - a. By looking at the average number of hours that the employee was scheduled per day over the six-month period ending on the date on which the employee takes such leave, including hours the employee took leave of any type; or
 - b. If the employee did not work over that period, the reasonable expectation of the employee at the time of hiring of the average number of hours per day that the employee would normally be scheduled to work.

v. EMPLOYEE RIGHT TO EQUIVALENT POSITION UPON RETURN.

Employees are not guaranteed the same position they held prior to taking leave under this Section. Upon return from taking leave under this Section, the employee must be restored to the same position or an equivalent position. An equivalent position means a position that is virtually identical to the original job in terms of pay, benefits, and other terms and conditions of employment (including shift and location).

vi. DOCUMENTATION OF LEAVE.

1. Employee: Appropriate documentation is required to request and substantiate the duration of the absence under this Section. Employees requesting leave under this Section will be required to fill out the appropriate leave form attached to this Policy and submit all paperwork required therein using the absence reporting methods established within their respective departments. Employees are encouraged, for safety reasons, to submit leave requests electronically.

2. Management: All leave request forms and applicable materials must be submitted electronically to the Human Resources Department at HR@newtonma.gov within three days of receiving the request.

vii. PROHIBITED ACTS.

Employers are prohibited from:

1. Interfering with an employee's ability to exercise the rights provided in this Section;
2. Discriminating against or discharging any employee for opposing any practice made unlawful by this Section; and
3. Discriminating against or discharging any employee who has instituted a proceeding or given testimony in connection with a proceeding related to this Section.

IV. DEFINITIONS

- a. The term "regular rate of pay" shall be defined as the employee's standard rate of compensation during a 40-hour (or less) workweek and does not include overtime pay.
- b. The term "two weeks," as used in Sections III(a)-(b), shall be defined as the total number of hours the employee would normally work during a two-calendar-week period.
- c. The term "son or daughter" shall be defined as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:
 - i. under 18 years of age; or
 - ii. 18 years of age or older and incapable of self-care because of a mental or physical disability.
- d. The term "individual" shall be defined as an employee's immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if the person were quarantined or self-quarantined. The term "individual" does not include persons with whom the employee has no personal relationship.
- e. The term "subject to a quarantine or isolation order" shall be defined as a quarantine, isolation, containment, shelter-in-place, or stay-at-home order issued by any Federal, State, or local government authority that causes the employee to be unable to work. This also includes when a Federal, State, or local government authority has advised categories of citizens (*e.g.*, of certain age ranges or of certain medical conditions) to shelter in place, stay at home, isolate, or quarantine, causing those categories of employees to be unable to work even though the employer has work for them.

Attachment A:	COVID-19 Leave Policy Chart of Paid Leave Categories
Attachment B:	COVID-19 Quarantine Leave Request Form
Attachment C:	COVID-19 Caregiver/Illness Leave Request Form
Attachment D:	COVID-19 Family Leave Request Form

ATTACHMENT A

(applies only to eligible employees as defined by the COVID-19 Leave Policy)

All employees requesting COVID-19 Leave MUST complete the appropriate Leave Request Forms

COVID-19 related reason	COVID-19 Leave Protocol
“COVID-19 QUARANTINE SICK LEAVE”	
(COVID-19 Category 1) The employee is unable to work because the employee is isolating or self-quarantining because the employee has a documented personal diagnosis of COVID-19.	Employee will remain out of work and be granted “COVID-19 Quarantine Sick Leave” until such time that the isolation or quarantine period is over. Employee must complete the “COVID-19 Quarantine Leave Request Form” and submit any additional documentation that may be required. If this period lasts longer than two weeks, the employee may be required to submit updated documentation. If appropriate and feasible, the employee may also elect to work remotely or use his or her own paid leave time. If the isolation or quarantine period is over, but the employee has a continued need to be out, the employee may elect to use his or her own available paid leave time.
“COVID-19 CAREGIVER/ILLNESS LEAVE”	
(COVID-19 Category 2) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.	Employee will remain out of work and be granted up to two weeks of “COVID-19 Caregiver/Illness Leave.” Employee must complete the “COVID-19 Caregiver/Illness Request Form” and submit any additional documentation that may be required. If appropriate and feasible, the employee may also elect to work remotely or use their own paid leave time. If the period of the employee’s absence for this purpose exceeds the two weeks of “COVID-19 Caregiver/Illness Leave,” then the employee may elect to use his or her own available paid leave time.
(COVID-19 Category 3) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.	Employee will remain out of work and be granted up to two weeks of “COVID-19 Caregiver/Illness Leave.” Employee must complete the “COVID-19 Caregiver/Illness Request Form” and submit any additional documentation that may be required. If appropriate and feasible, the employee may also elect to work remotely or use their own paid leave time. If the period of the employee’s absence for this purpose exceeds the two weeks of “COVID-19 Caregiver/Illness Leave,” then the employee may elect to use his or her own available paid leave time.
(COVID-19 Category 4) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.	Employee will remain out of work and be granted up to two weeks of “COVID-19 Caregiver/Illness Leave.” Employee must complete the “COVID-19 Caregiver/Illness Request Form” and submit any additional documentation that may be required. If appropriate and feasible, the employee may also elect to work remotely or use their own paid leave time. If the period of the employee’s absence for this purpose exceeds the two weeks of “COVID-19 Caregiver/Illness Leave,” then the employee may elect to use his or her own available paid leave time.

<p>(COVID-19 Category 5) The employee is caring for an individual who is subject to a Federal, State, or Local quarantine or isolation order related to COVID-19.</p>	<p>Employee will remain out of work and be granted up to two weeks of “COVID-19 Caregiver/Illness Leave.” Employee must complete the “COVID-19 Caregiver/Illness Request Form” and submit any additional documentation that may be required. If appropriate and feasible, the employee may also elect to work remotely or use their own paid leave time. If the period of the employee’s absence for this purpose exceeds the two weeks of “COVID-19 Caregiver/Illness Leave,” then the employee may elect to use his or her own available paid leave time.</p>
<p>(COVID-19 Category 6) The employee is caring for an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.</p>	<p>Employee will remain out of work and be granted up to two weeks of “COVID-19 Caregiver/Illness Leave.” Employee must complete the “COVID-19 Caregiver/Illness Request Form” and submit any additional documentation that may be required. If appropriate and feasible, the employee may also elect to work remotely or use their own paid leave time. If the period of the employee’s absence for this purpose exceeds the two weeks of “COVID-19 Caregiver/Illness Leave,” then the employee may elect to use his or her own available paid leave time.</p>
<p>(COVID-19 Category 7) The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child-care provider of such son or daughter is unavailable, due to COVID-19 precautions.</p>	<p>Employee will remain out of work and be granted up to two weeks of “COVID-19 Caregiver/Illness Leave.” Employee must complete the “COVID-19 Caregiver/Illness Request Form” and submit any additional documentation that may be required. If appropriate and feasible, the employee may also elect to work remotely or use their own paid leave time. If the period of the employee’s absence for this purpose exceeds the two weeks of “COVID-19 Caregiver/Illness Leave,” then the employee may elect to use his or her own available paid leave time.</p>
<p>(COVID-19 Category 8) The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.</p>	<p>Please complete the “COVID-19 Caregiver/Illness Request Form” and submit any additional documentation that may be required. Requests under this category will be taken on a case by case basis. Employees may only request leave under this category if the federal Secretary of Health and Human Services issues guidance listing specific “substantially similar condition(s)” that qualify for leave under this provision. As of the date of the application of this policy, there are no such qualifying conditions.</p>
<p>“COVID-19 FAMILY LEAVE”</p>	
<p>(COVID-19 Category 9) The employee must care for children in the event of a school closure due to COVID-19, or the employee must care for children in the event the employee’s childcare provider is unavailable due to COVID-19.</p>	<p>The employee must have been employed by the City for at least 30 days prior to taking leave. Eligible employees are entitled to up to twelve (12) weeks of job-protected leave on a one-time basis. The first two (2) weeks of this leave period is unpaid, but employees may elect to use other paid leave, including their individual available paid leave, or leave as outlined in Category 7 above. The subsequent ten (10) weeks of this leave period will be paid at a rate of 2/3 of an employee’s regular rate of pay, for the number of hours the employee would otherwise normally be scheduled to work. If appropriate and feasible, the employee may also elect to work remotely or use their own paid leave time. Eligible employees in need of this type of leave must complete the appropriate request forms.</p>

**COVID-19 Leave Policy
Attachment B**

Employee Request for COVID-19 Quarantine Sick Leave

Department: _____ Position: _____

Direct Supervisor: _____

Employee's Full Legal Name: _____

Email: _____ Best Phone Number to Reach You: _____

All employees requesting leave should submit the appropriate completed form and additional information using the typical reporting method as identified within their respective departments. For your safety, electronic submission preferred. For questions contact HR@newtonma.gov.

Requested Leave Start Date: _____

Date Leave is Expected to End: _____

I hereby request leave for the following reason(s):

☐ **1. I am unable to work because I am isolating or self-quarantining because I have a documented personal diagnosis of COVID-19.**

Name of the issuing government agency or healthcare provider who has issued the quarantine or isolation order and effective dates, as well as supportive medical documentation is required and should be attached when submitting this form.

Issuing Agency/Provider: _____

Effective dates of order: _____

☐ **I have attached the required documents and information.**

☐ **I have not attached the required documents and information but understand that I must do so within three (3) days of submitting this form.**

Employees who are eligible and have submitted all required documentation shall receive leave for the purpose noted above, in accordance with section III (a) of the City of Newton Covid-19 Leave Policy and be paid at their regular rate of pay. Leave shall be granted for the full period of the isolation or quarantine.

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge from employment. I certify that I am requesting this leave because I am unable to work (onsite or remotely) due the reason(s) stated above. I authorize my employer to obtain medical or other information to support my request for leave.

Employee Signature

Date

**COVID-19 Leave Policy
Attachment C**

Employee Request for COVID-19 Caregiver/Illness Leave

Department: _____ Position: _____

Direct Supervisor: _____

Employee's Full Legal Name: _____

Email: _____ Best Phone Number to Reach You: _____

All employees requesting leave should submit the appropriate completed form and additional information using the typical reporting method as identified within their respective departments. For your safety, electronic submission preferred. For questions contact HR@newtonma.gov.

Requested Leave Start Date: _____

Date Leave is Expected to End: _____

I hereby request leave for the following reason(s):

- ☐ **1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;**

Name and contact information for the Federal, State, or local agency issuing the quarantine or isolation order and the effective dates, as well as supportive documentation is required and should be attached when submitting this form.

☐ **I have attached the required documents and information.**

☐ **I have not attached the required documents and information but understand that I must do so within three (3) days of submitting this form.**

Issuing Agency: _____

Effective dates of order: _____

- ☐ **2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.**

Name and contact information for the health care provider issuing the employee to self-quarantine and the effective dates, as well as supportive documentation is required and should be attached when submitting this form.

☐ **I have attached the required documents and information.**

☐ **I have not attached the required documents and information but understand that I must do so within three (3) days of submitting this form.**

Health-care Provider: _____

Effective dates of order: _____

☐ **3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.**

Name and contact information for the health care provider or government agency you are working with in order to seek treatment and a medical diagnosis, effective dates for absence, as well as supportive documentation is required and should be attached when submitting this form.

Agency/Health-care Provider: _____

Effective dates of order: _____

☐ **I have attached the required documents and information.**

☐ **I have not attached the required documents and information but understand that I must do so within three (3) days of submitting this form.**

☐ **4. I am caring for an individual who is subject to a Federal State, or local quarantine or isolation order related to COVID-19. (NOTE: "individual" is defined as an employee's immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if the person were quarantined or self-quarantined.)**

Name of the issuing government agency for the quarantine or isolation order, effective dates of the order and the relationship of the individual to the employee is required and should be attached when submitting this form.

Issuing government agency: _____

Effective dates of order: _____

Relationship to employee: _____

☐ **I have attached the required documents and information.**

☐ **I have not attached the required documents and information but understand that I must do so within three (3) days of submitting this form.**

☐ **5. I am caring for an individual who has been advised by a health-care provider to self-quarantine due to concerns related to COVID-19. (NOTE: "individual" is defined as an employee's immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if the person were quarantined or self-quarantined.)**

Name and contact information for the healthcare provider issuing the quarantine order, effective dates of the order and the relationship of the individual to the employee is required and should be attached when submitting this form.

Health-care Provider: _____

Effective dates of order: _____

Relationship to employee: _____

☐ **I have attached the required documents and information.**

☐ **I have not attached the required documents and information but understand that I must do so within three (3) days of submitting this form.**

☐ **6. I am caring for my son or daughter because their school or place of care has closed due to COVID-19 precautions; or because my son or daughter's child-care provider is not available due to COVID-19 precautions. (NOTE: "son or daughter" is defined as a biological, adopted, or foster child, stepchild, a legal ward, or a child of a person standing in loco parentis, who is under 18 years of age, or 18 years of age or older and incapable of self-care because of a mental or physical disability.)**

Name of son(s) or daughter(s) being cared for and the name of the School, Place of Care, or Child Care Provider that has closed or become unavailable, as well as indicating below that no other suitable person will be caring for the Son or Daughter during the period for which leave will be granted.

☐ **By checking this box, I represent that no other suitable person will be caring for my Son or Daughter during the period for which I take leave under this policy.**

Name of Childcare Facility: _____

Effective dates: _____

Name of son/daughter(s): _____

☐ **7. I am experiencing other substantially similar conditions specific by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.**

Employee is required to submit a detailed explanation and supportive documentation.

☐ **I have attached the required documents and information.**

☐ **I have not attached the required documents and information but understand that I must do so within three (3) days of submitting this form.**

Employees who are eligible and have submitted all required documentation shall receive leave for any of the above noted purposes, in accordance with section III (b) of the City of Newton Covid-19 Leave Policy at their regular rate of pay and leave shall be granted for up to two (2) weeks of leave. Time may be taken intermittently.

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge from employment. I certify that I am requesting this leave because I am unable to work (onsite or remotely) due the reason(s) stated above. I authorize my employer to obtain medical or other information to support my request for leave.

Employee Signature

Date

**COVID-19 Leave Policy
Attachment D**

Employee Request for COVID-19 Family Leave

Department: _____ Position: _____

Direct Supervisor: _____

Employee's Full Legal Name: _____

Email: _____ Best Phone Number to Reach You: _____

All employees requesting leave should submit the appropriate completed form and additional information using the typical reporting method as identified within their respective departments. For your safety, electronic submission preferred. For questions contact HR@newtonma.gov.

Requested Leave Start Date: _____

Date Leave is Expected to End: _____

I hereby request leave for the following reason(s):

☐ **1. I am unable to work or telework due to a need for leave to care for my son or daughter because my son or daughters' school has been closed or childcare program has become unavailable due to the Covid-19 public health emergency. (NOTE: "son or daughter" is defined as a biological, adopted, or foster child, stepchild, a legal ward, or a child of a person standing in loco parentis, who is under 18 years of age, or 18 years of age or older and incapable of self-care because of a mental or physical disability.)**

Name of son(s) or daughter(s) being cared for and the name of the School, Place of Care, or Child Care Provider that has closed or become unavailable, as well as indicating below that no other suitable person will be caring for the Son or Daughter during the period for which leave will be granted.

☐ **By checking this box, I represent that no other suitable person will be caring for my Son or Daughter during the period for which I take leave under this policy.**

Name of Childcare Facility: _____

Effective dates: _____

Name of son/daughter(s): _____

☐ I understand that the first two weeks of this Family leave, if approved, is unpaid, and any leave taken beyond the first two weeks, up to a total of twelve (12) weeks of leave, will be paid at the rate of 2/3 my regular rate of pay.

☐ I choose to substitute two weeks of paid leave under Section III(b) of the Covid-19 Leave Policy for the two unpaid weeks at the beginning of this period. I understand that by doing so, I am using my one-time allocation of two paid weeks under Section III(b) of the Covid-19 Leave Policy.

☐ I choose to have the remaining 1/3 of my *Covid-19 Family Leave* as unpaid leave.

☐ I choose to substitute the remaining 1/3 of my *Covid-19 Family Leave* with available paid leave as noted below.

Please charge my available paid leave as follows (indicate what type of leave – sick, personal, vacation, compensatory time, etc.)

***Employees who are eligible and have submitted all required documentation shall receive leave for the reason noted above, in accordance with section III (c) of the City of Newton Covid-19 Leave Policy.
Time may be taken intermittently.***

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge from employment. I certify that I am requesting this leave because I am unable to work (onsite or remotely) due the reason(s) stated above. I authorize my employer to obtain medical or other information to support my request for leave.

Employee Signature

Date